MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/772128	01-29-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51						
2		/						52						
3		\						53						
4		/						54						
5		/						55						
6		/						56						
7		/						57						
8		/						58						
9		/						59						
10		/						60						
11		/						61						
12		/						62						
13		/						63						
14		/						64						
15		/						65						
16		/						66						
17		\						67						
18		\						68						
19		/						69						
20		/						70						
21	/	⬭						71						
22		\						72						
23		/						73						
24	/							74						
25		/						75						
26		/						76						
27		/						77						
28		\						78						
29		/						79						
30		/						80						
31		/						81						
32		/						82						
33		/						83						
34		\						84						
35		\						85						
36		\						86						
37		\						87						
38		\						88						
39		/						89						
40		\						90						
41		\						91						
42		\						92						
43		\						93						
44	\							94						
45		/						95						
46		\						96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	42							TOTAL DEP.						
TOTAL CLAIMS	46							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)